



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY PHYSICAL DISABILITY AGENCY  
BUILDING 7 WRAMC  
WASHINGTON DC 20307-5001

AHRIC-DZB

FEB 28 2005

MEMORANDUM FOR PHYSICAL EVALUATION BOARD PRESIDENTS

SUBJECT: Policy/Guidance Memorandum #8: Medical Evaluation Boards on Medical Corps Officers

1. Supersession: This memorandum supersedes USAPDA memorandum, 8 April 2002, subject above. There is no change in policy; the signature block is updated.

2. Purpose: To clarify required duty performance documentation for Physical Evaluation Board (PEB) cases of Medical Corps officers.

3. Reference: Memorandum, OTSG, ATTN: DASG-HS-AS, 8 Apr 99, subject: Medical Evaluation Boards on Medical Corps Officers.

4. Policy:


a. PEBs will comply with the provisions of the referenced memorandum (copy attached) and refrain from requesting information on credentialing actions in cases of Medical Corps officers undergoing PEBs.

b. In lieu of such request, specific statements are required from the physician's supervisor and approved by the Medical Evaluation Board (MEB) approving authority, as outlined in the attached memorandum.

5. Point of Contact: Ms. Frances Dennis, Policy Officer, DSN 662-3064 and commercial (202) 782-3064.

FOR THE COMMANDER:

Encl as

  
DANIEL L. GARVEY  
COL, AV  
Deputy Commander

CF:  
HQUSAPDA Senior Staff  
DASG-HSP (COL Arroyo)  
APDAB, ATTN: COL Sutton



REPLY TO  
ATTENTION OF

DASG-HS-AS

DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH VA 22041-3258

8 April 1999

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS

SUBJECT: Medical Evaluation Boards on Medical Corps Officers

1. The following policy applies immediately on cases of Medical Corps officers undergoing MEB/PEB processing.
2. A memorandum describing in detail the MC officer's performance of duty will be forwarded to the PEB in addition to the documents listed in paragraph 4-15, AR 635-40. The memorandum will be signed by someone in the MC officer's rating scheme (i.e. Chief of Department, DCCS), included as an attachment to the MEB Proceedings, and approved by the MEB Approving Authority. All MEBs on MC officers forwarded to PEBs without the information described below will be returned without action pending compliance with this policy.
3. The memorandum should be specific and describe all limitations of duty due to the MC officer's medical condition. The PEB will not require documents related to credentialing or privileging action (though the MTF will initiate such action if appropriate). However, in lieu of a statement of such action, the PEB must have a clear and specific description of how the MC officer's medical condition does or does not affect performance as a soldier and more specifically as a physician. General statements that the MC officer's condition causes fatigue or impairment of duty are not sufficient. Specific comments must be made on actions related to that MC officer's specialty; e.g. "Can perform physical exams;" "cannot stand for the time required to perform surgeries;" "cannot manipulate endoscopes;" etc. Although AR 635-40 requires a "statement from the soldier's commander," the company commander of an MC officer is not able to address specific performance as a physician. Likewise, the MEB narrative, accomplished at a facility other than where the MC officer is assigned, may not include enough specific information on performance of duty.
4. My point of contact for this action is Ms. Wortzel, DSN 761-0020.

FOR THE SURGEON GENERAL:

KEVIN C. KILEY  
Brigadier General, MC  
Assistant Surgeon General